

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019037

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Register District No.

FILED JUN 7 8 1962

Primary Registration District No.

1002

Registrar's No.

2642

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Jack W. Wolford, M.D.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 50 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital		d. STREET ADDRESS (If outside, give location) 5349 Wayne Avenue	
3. NAME OF DECEASED (Type or print) First EDNA Middle MAE Last MARRS		4. DATE OF DEATH Month May Day 12 Year 1962	
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/18/1886
9. AGE (last birthday) 75		10. IF UNDER 1 YEAR Months 75 Days 75 Hours 75 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) WOMAN'S CITY CLUB TRENTON, MISSOURI	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME THOMAS WELCH	
13b. MOTHER'S MAIDEN NAME SARA WISEMAN		14. NAME OF HUSBAND OR WIFE EDWIN MARRS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 7	
17. INFORMANT Mrs. Joe Grisafe, Kansas City, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast with generalized Metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from _____ 1959 to _____ 5/12/62 and last saw her alive on _____ 5/12/62 Death occurred at _____ 10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack W. Wolford M.D.		22b. ADDRESS 409 E 63 St Kansas City Mo	
22c. DATE SIGNED 5/14/62		23. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 15, 1962	
23c. LOCATION (City, town, or county) KANSAS CITY		23d. STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 5-15-62	
26. REGISTRAR'S SIGNATURE Ruth H Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. Jacke Walter Neely
100 Stanton Bldg West - 400 E. 63rd St
10.003.00 -

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K. C. 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.